



HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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STATE OF HAWAII STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

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PART LOBBYIST		,00		
NAME(Last)	(First)	(Middle)	TELEPHONE	
Dang	Marvin	S. C.	521-8521	
MAILING ADDRESS (Street)			FAX	
P.O. Box 4109			521-8522	
(City)	(State)	(Zip	(Zip Code)	
Honolulu	Hawaii	968	96812-4109	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE	
Law Offices of Marvin S. C. Dang, A Limited Liability Law Company			521-8521	
MAILING ADDRESS (Street)			FAX	
P.O. Box 4109			521-8522	
(City)	(State)	(Zip	(Zip Code)	
Honolulu	Hawaii	968	96812-4109	

PART II ORGANIZATI	ON		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE	
Non-Bank Funds Transmitters Group		(202) 783-0800	
MAILING ADDRESS (Street)		FAX	
c/o Ezra Levine, Esq., Howrey, LLP, 1299 Pennsylvania Ave. N.W.		(202) 383-6610	
(City)	(State)	(Zip Code)	
Washington D.C.	20004-2402		
NAME OF PERSON RESPONSIB	ILE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE	
Marvin S. C. Dang, Esq.		521-8521	
MAILING ADDRESS (Street)		FAX	
P.O. Box 4109		521-8522	
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96812-4109	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY						
Agriculture	Education	Human Services	Science, Technology & Economic Development			
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation			
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation			
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)			
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections				
NVC.						
PART IV CERTIFICATION						
I hereby certify that the i	nformation furnished above is,	to the best of my knowledge, co	rrect and complete.			
1 Muc	M	1/1	10/06			
(Signature of Lobbyist) (Date)						
PART V AUTHORIZATION	TO LOBBY					
NAME		TITLE OF AUTHORIZING OFFICER O	R PERSON REPRESENTED			
Ezra C. Levine, Counsel						
NAME OF ORGANIZATION (if applicable)		TELE	TELEPHONE			
Non-Bank Funds Transmitters Group			2) 783-0800			
MAILING ADDRESS (Street)		FAX				
Howrey, LLP, 1299 Pennsylvania Ave. N.W.			2) 383-6610			
(City) (State) (Zip Code)						
Washington D.C. 20004-2402			2			
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned,						
1//// 10 MM 0 C						
(Signature of Aud	porizing Officer or Berson Penrasant	ed) (Da	tal			
(Signature of Authorizing Officer or Person Represented) (Date)						
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